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CONFIRMATION NO. 2656

SERIAL NUMBER 09/804,625	FILING DATE 03/09/2001 RULE	CLASS 530	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. 5160C-CON
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APPLICANTS

Elizabeth A. Wang, Carlisle, MA;

John M. Wozney, Hudson, MA;
 Vicki A. Rosen, Brookline, MA;

** CONTINUING DATA *****

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This application is a CON of 08/925,779 09/09/1997 PAT 6,245,889
 which is a CON of 07/721,847 06/14/1991 PAT 6,150,328
 which is a CIP of 07/493,272 03/14/1990 ABN
 and a CIP of 07/378,537 07/11/1989
 and a CIP of 07/655,579 03/18/1991 PAT 5,618,924
 said 07/493,272 03/14/1990 ABN
 is a CIP of 07/406,217 09/12/1989 ABN
 said 7/655,579 03/18/1991 PAT 5,618,924
 is a DIV of 07/179,100 04/08/1988 PAT 5,013,649
~~which is a CIP of 07/628,285 03/20/1987 ABN~~
~~and a CIP of 06/943,332 12/17/1988 ABN~~
~~and a CIP of 06/886,776 07/01/1986 ABN~~

AR 75/6

** FOREIGN APPLICATIONS

UNITED STATES OF AMERICA PCT/US07/01597 06/30/1987

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/12/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <u>PR</u> Initials	MA	7	27	10

ADDRESS

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TITLE



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BIBDATASHEET

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature _____	Initials _____			

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TITLE
 Novel BMP products

FILING FEE RECEIVED 1796	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.18 Fees (Issue)
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